DEPART	MENT OF HEALTH	AND HUMAN SERVICES					PRINTÉD: FORM	07/23/2008 APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		LE CONSTRUCTION		OMB NO. (X3) DATE SU COMPLE	. 0938-0391 JRVEY
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W 000	INITIAL COMMEN	TS	WC	000		·	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ABORATOR	services (MTS) to a the frequency of set #1. According to the incident manageme incidents were reported incidents were reported from the incidents were reported from the incidents were reported from the incidents were reported a lacerat subsequently trans (via 911) for evalual sutures to his injury same day in stable On May 13, 2008, appeared to be "vetook the client's blowas very low. Client #1 was admit abnormal labs and On June 2, 2008, and sustained a socilent was transported from the evaluation and was stable condition. On June 5, 2008, and hit his chin on ascend a staircase escorted to the emdiagnosed with a ghospital, no x-rays was given a prescription four times a day. On June 6, 2008, the reported that Client result of the observance in the incident of the observance in the incident from the observance in the first provided that Client result of the observance in the incident from the incid	sinitiated at Multi Therapeutic ascertain information regarding prious incidents involving Client are Department of Health's ent system, the following orted: staff reported that Client #1 fell exit the shower. The client ion to his scalp and was ported to the emergency room ation. Client #1 received y and was discharged that condition. staff reported that Client #1 required in the facility nurse and pressure and noted that it int #1 was subsequently emergency room (via 911).	NATURE		TITLE		ACHTISTRATION	PREDARIMENT OF HEALTH
2	the the	ore Liector) s	Her	<u>id</u>	estal Se	Mills	8/4	1/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 07/23/2008 FORM APPROVED OMB NO. 0938-0391

W 000 Continued From page 1 taken back to the emergency room for x-rays of the face and jaw. The report further documented that Client #1's Primary Care Physician (PCP) called and notified the group home that the client had a mandibular fracture. On June 9, 2008, the facility's incident management coordinator reported an allegation of abuse involving Client #1 on May 7, 2008. According to incident report, Client #1 revealed to a Department of Disability Services (DDS) investigator that a facility staff member "beats me up all the time." During the investigative process on June 30, 2008, at 4:28 PM, it was determined that Client #1's health and safety was compromised and an immediate jeopardy existed under the Condition of Participation of Client Protections. The facility's Qualified Mental Retardation Professional (QMRP) was notified via telephone of the immediate jeopardy and at approximately 8:40 PM systems were employed by the facility to alleviate the immediate approximately 8:40 PM systems were employed by the facility to alleviate the immediate professions, including unusual incident reports. The results of the investigation revealed that the facility failed to maintain compliance with the Conditions of Participation of Governing Body, Client Protection, and Facility Staffing. W 102 W 102 MTS has made the necessary corrections to insure that the governing body insures adequate client protections and and the specific responses to each citation 8.4-08.	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIF	PLE CONSTRUCTION	(KX) DATE (COMPL	SURVEY ETED
MT S ON ID PRIERRY GEACH DEFICIENCY MUST de PRECEDED BY FILL TAG ON ID PRIERRY GEACH DEFICIENCY MUST de PRECEDED BY FILL TAG COULTRY OR LISE IDENTIFYING INFORMATION) TAG ON ID PREPRY TAG ON ID PROMISERS PLAN OF CORRECTION (EACH ORDREST) FACTOR SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE ON ID PREPRY TAG ON ID PREPRY TAG COntinued From page 1 taken back to the emergency room for x-rays of the face and jaw. The report further documented that Client #1's Primary Care Physician (PCP) called and notified the group home that the client had a mandibular frecture. On June 9, 2008, the facility's incident management coordinator reported an allegation of abuse involving Client #1 revealed to a Department of Dissibility Services (DDS) investigator that a facility staff member "beats me up all the time." During the investigative process on June 30, 2008, at 4:28 PM, it was determined that Client #1's health and safety was compromised and an immediate jeoparty existed under the Condition of Participation of Client Protections. The facility's Qualified Mental Retardation Professional (QMRP) was notified via teleptone of the immediate jeoparty and at approximately 8:40 PM systems were employed by the facility to alleviate the immediate concern prior to the surveyor exiting the facility. The findings of the investigation were based on observations, interviews and a review of records, including unusual incident reports. The results of the investigation revealed that the facility failed maintain compliance with the Conditions of Participation of Governing Body, Client Protection, and Facility Staffing. W 102 MS has made the necessary corrections to immediate the protection on a country base and with the Conditions of Participation of Governing Body, Client Protection, and Facility Staffing. W 102 MANAGEMENT The facility must ensure that specific governing body and management requirements are met.			_ 	B. WING		06/:	
W 000 Continued From page 1 taken back to the emergency room for x-rays of the face and jaw. The report further documented that Client #1's Primary Care Physician (PCP) called and notified the group home that the client had a mandibular fracture. On June 9, 2008, the facility's incident menagement coordinator reported an allegation of abuse involving Client #1 on May 7, 2008. According to incident report, Client #1 revealed to a Department of Disability Services (DDS) investigator that a facility staff member "beats me up all the time." During the investigative process on June 30, 2008, at 4:28 PM, it was determined that Client #1's health and safety was compromised and an immediate jeopardy existed under the Condition of Participation of Client Protections. The facility's Qualified Mental Retardation Professional (QMRP) was notified via telephone of the immediate jeopardy and at approximately 8:40 PM systems were employed by the facility to alleviate the immediate concern prior to the surveyor exiting the facility. The findings of the investigation were based on observations, interviews and a review of records, including unusual incident reports. The results of the investigation revealed that the facility falled to maintain compliance with the Conditions of Participation of Governing Body, Client Protection, and Facility Staffing. W 102 W 102 MTS has made the necessary corrections to insure that the governing body insures adequate client protections on a routine basis as outlined in the plan of corrections should and the specific responses to each citation 84-08.				40	012 LEE STREET, NE		
taken back to the emergency room for x-rays of the face and Jaw. The report further documented that Client #1's Primary Care Physician (PCP) called and notified the group home that the client had a mandibular fracture. On June 9, 2008, the facility's incident management coordinator reported an allegation of abuse involving Client #1 on May 7, 2008. According to incident report, Client #1 revealed to a Department of Dissability Services (DDS) investigator that a facility staff member "beats me up all the time." During the investigative process on June 30, 2008, at 4:28 PM, it was determined that Client #1's health and safety was compromised and an immediate jeopardy existed under the Condition of Participation of Client Protections. The facility's Qualified Mental Retardation Professional (QMRP) was notified via leleptone of the immediate jeopardy and at approximately 8:40 PM systems were employed by the facility to alleviate the immediate concern prior to the surveyor exiting the facility. The findings of the investigation were based on observations, interviews and a review of records, including unusual incident reports. The results of the investigation revealed that the facility falled to maintain compliance with the Conditions of Participation of Governing Body, Client Protection, and Facility Staffing. W 102 W 102 W 103 W 104 W 105 W 106 W 107 W 108 W 109 W 100 W	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
COBM CMS 2557/02 000 D		taken back to the the face and jaw. that Client #1's Pricalled and notified had a mandibular On June 9, 2008, management coording to incide a Department of Dinvestigator that a up all the time." During the investigator that a up all the time." During the investigator that a up all the time." During the investigator of Participation of Qualified Mental Finding Mental Findings of the observations, interincluding unusual the investigation of Governmental Fortection, and Fa483.410 GOVERNMANAGEMENT The facility must of the facili	emergency room for x-rays of The report further documented imary Care Physician (PCP) I the group home that the client fracture. The facility's incident redinator reported an allegation Client #1 on May 7, 2008. The report, Client #1 revealed to Disability Services (DDS) facility staff member "beats me pative process on June 30, it was determined that Client after the compromised and an analy existed under the Condition Client Protections. The facility's Retardation Professional fied via telephone of the dy and at approximately 8:40 employed by the facility to rediate concern prior to the facility. The results of evealed that the facility falled to not with the Conditions of every many sufficient professional facility Staffing. NING BODY AND		MTS has made the necessary of governing body insures adequired to the routine basis as outlined in the	are chent protection	is on a
Event ID:8UV011 Facility ID: 09G074	FORM CMS-25	567(02-99) Previous Varsio	ns Obsolele Event ID:6UV011	,	Why I De 2000		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2008 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		0/2008
MTS				40	012 LEE STREET, NE /ASHINGTON, DC 20019		
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W 102	This CONDITION	is not met as evidenced by:	W	102			
	general operating of	ning body failed to maintain direction over the facility to nance of each client's health /104 and W127].					
W 104	the facility's Govern govern the facility i	e systemic practices revealed ning Body failed to adequately n a manner that would ensure om neglect. [See also W122] /ERNING BODY	W	104			
	The governing bod budget, and operat	y must exercise general policy, ting direction over the facility.					
· .	Based on observation review, the facility's provide general op facility as reflected throughout this rep				W104 The governing body will insure is provided routinely as outlined correction 8-4-08. W122	that the necessa d in this plan of	ry direction
W 122	,	nsure that specific client	W	122	See responses for W102 and W It should be noted that client #1 condition that will continue to a motor function and create other MTS will monitor this deterior care as needed to reflect his che	has a degenera negatively affect health/safety co ation and adjust	his gross oncerns. his plan or
	Based on observa review, the facility safety of one clien were developed/in frequency of unus	is not met as evidenced by: tion, interview and record failed to ensure the health and t by making certain systems applemented to reduce the ual incidents requiring at care (See W127).					

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

IDENTIFICATION NUMBER: GROOT4 A BULLENS TAGE TAGE TARGET ADDRESS, CITY, STATE, ZIP CODE MANUE CO PROVIDER OR SUPPLIER M T S A SULLING TAGE TAGE TAGE TAGE TAGE TAGE TAGE TA	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1000			OMB NO	. 0938-039
### TS ### STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the haith and safety. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the haith and safety. The finding includes: A. Client #1 was admitted to the facility on June 12, 2008 due to a history of falls which resulted in liquities that lead to emergency room visits and a hospitalization. Interview was conducted with the facility is House Manager (HM) on June 19, 2008 at 10:35 AM that revealed three staff was reproduced to provide continuity in his care. The staff that were transferred were to provide content facility to his current facility to nice urrent facility to assist in his transition and provide continuity in his care. The staff that were transferred were to provide one to one staffing support for Client #1. B. Further discussion with the HM on June 19,	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
M T S A Continued From page 3 W 122			09G074	B. WIN	۷G			
W 122 The effects of these systemic practices resulted in the facility must ensure the rights of all clients. The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the health and safety of one client by making certain systems were developed/implemented to reduce the frequency of unusual incidents requiring emergency medical care, for one of one client (Client #1) being investigated. A. Client #1 was admitted to the facility on June 12, 2008 due to a history of falls which resulted in injuries that lead to emergency promotical care, for one of one client colors and colors and active treatment protocols and active treatment protocols. All stanting at minimum treice weekly as 8-20-8. First mit provide training at minimum annually but more department protocols. All stanting at minimum annually but more department protoc		ROVIDER OR SUPPLIER		<u></u>	40	12 LEE STREET, NE	06/3	0/2008
The effects of these systemic practices resulted in the failure of the facility to protect Client #1 and ensure his health and safety. W 127 RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the health and safety of one client by making certain systems were developed/implemented to reduce the frequency of unusual incidents requiring emergency medical care, for one of one client (Client #1) being investigated. A. Client #1 was admitted to the facility on June 12, 2008 due to a history of falls which resulted in injuries that lead to emergency room visits and a hospitalization. Interview was conducted with the facility's House Manager (HM) on June 19, 2008 at 10:35 AM that revealed three staff were transferred (Staff 1, Staff 2, and Staff 3) from the client's former facility to his current facility to assist in his transition and provide continuity in his care. The staff that were transferred were to provide one to one staffing support for Client #1. B. Further discussion with the HM on June 19,	PREFIX TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			ıx	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP	AOUT DEE	(X5) CDMPLETION DATE
		The effects of thes in the failure of the ensure his health at 483.420(a)(5) PRORIGHTS The facility must ensure the facility for subjected to playschological abuse. This STANDARD is Based on observation review, the facility for safety of one client were developed/imfrequency of unusus emergency medical (Client #1) being in the finding include: A. Client #1 was at 12, 2008 due to a hinjuries that lead to hospitalization. Interview was cond Manager (HM) on Journal of the staff Staff 2, and Staff 3) facility to his current transition and province staff that were transone staffing support	e systemic practices resulted facility to protect Client #1 and nd safety. TECTION OF CLIENTS Issure the rights of all clients. Ity must ensure that clients are hysical, verbal, sexual or e or punishment. Is not met as evidenced by: In on, interview and record alled to ensure the health and by making certain systems olemented to reduce the all incidents requiring all care, for one of one client yestigated. Is dimitted to the facility on June istory of falls which resulted in emergency room visits and a sucted with the facility is House une 19, 2008 at 10:35 AM that were transferred (Staff 1, from the client's former it facility to assist in his de continuity in his care. The intered were to provide one to the for Client #1.	,		Client #1's one-to-one staff was to while supporting client #1 at 32 S conducted by the QMRP. They we by the PT in two sessions held at linsure that any new staff is trained protocols prior to working with client #1 are plan and all treat the first week of service 8-20-08. The PT will monitor client #1 and his treatment protocols at minimum frequently if needed 8-30-08. The QMRP will monitor implement protocols and active treatment gen weekly 8-20-08. PT will provide training for any netheir hire and the RN will provide week of hire to insure that new statimplementing the treatment protocol All staff will receive refresher train annually but more frequently if necesserved performances. The QMR training observations using standar All staff involved in observations in the surveyor has been re-trained by 4-08. It should be noted that client #1 has condition that will cause his gross in deteriorate further. MTS will monitadjust his treatment regimen to reflict concerns but will also cooperate with term placement that will best served.	treet. This training the subsequently Lee Street. MTS if on all treatment individual heal that individual heal tha	ing was y trained S will all new th s within ation of more eatment um twice 30 days of the first in in it staff .8-20-08. 127 by IRP 8- nerative to ly and and
JRM CM5-2567/02-00) Province V/a structure	IRM CMS-35		on with the HM on June 19,					

		AND HUMAN SERVICES					07/23/2008 APPROVED
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W 127	Continued From pa	ae 4	347.6	27		····	
	2008, revealed that into the facility, the inservice meeting worientate them with needs. Review of the corresponding ager 2008, revealed four training. There was Client #1's assigned (Staff 1 and Staff 3). Further review of the revealed that staff word following information—"Takes medication—"Takes medication—"Takes medication—"Takes medication—"Has BSP to reduce—"1 on 1 should be assisting." —"Has BSP to reduce—"Has BSP to reduce—"He had 4 recent in Continued interview 2008, revealed that inservice, the former remain in arm's distinctions."	prior to Client #1's transition former QMRP held an vith the facility's staff to Client #1's habilitation/service he inservice sign in sheet and add document dated June 12, staff attended the inservice is no evidence that two of done to one staff members were present at the training. e inservice agenda document were made aware of the in regarding Client #1; in to reduce aggression." efuses to wear them."	W1	The team meeting upon recommend Seek a better in lin the in via train Consist protoco Rule out twice une Use a wand for Support facility has one PT mondegener Staff train appropring protocol QMRP insure puprotocol Staff requisitress Coordin	more appropriate placem neet client #1's needs lon nterim, provide one-to-oned staff. ently implement the treatels as prescribed. It the use of a walker as the insuccessfully. He will not the client for entering and community travel. It client #1 in entering and to by insuring that he uses the to-one staff support on the intering at minimum quartative situation with grossining as needed to insure intering and RN monitoring of start implementation of the interior implementation of the interior implementation of its cort signs and symptoms or decline in function to tate with day program, she	ent that will ag term. The supports 24 timent support This has been to the use one. The leaving the The hand rail a The other side. The treatment The support to The support T	ried van nd on.
,	providing 1:1 staffin (within arm's distant week. Interview was conducted Qualified Mental Re(QMRP) on June 19 PM to ascertain if straining specifically moved into the facilindicated that no other straining specific sp	g supports for Client #1 ce) 24 hours a day, 7 days a ucted with the facility 's etardation Professional 0, 2008 at approximately 4:00 taff had received any other related to Client #1 since he lity. The QMRP replied and her training had been		informateam me Provide short dis Complete recomm (schedul) 08. Keep ho	tion and protocols (day poeting). staff support for transfer stance walking as per the te the nerve conduction wended by the PT if the PO led via a physiatrist for 8 time and walkways obstrute for falls, maintain staff resetting).	s, standing an protocols. relocity test as CP concurs -14-08)8-14	d .
	conducted and furth	ner revealed that formal		1			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPL LDING	E CONSTRUCTION		(3) DATE SUI COMPLET	ED
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W 127	and Psychologist well following week. At since the client's as June 12, 2008, the evidence of any off #1's habilitation nethe aforementioner former QMRP. It QMRP's discussion 2008, the facility's facility. The PT proof the facility's staff regarding Client #1' techniques for tranduring ambulation.	rige 5 cility's Physical Therapist (PT) were scheduled to be held the the time of the interview and dmission into the facility on facility failed to provide mer training related to Client eds and services other than d training conducted by the should be noted that after the m with the surveyor on June 19, PT was observed to be in the ovided onsite instruction to four f, including Staff 1 and Staff 2 's formal PT program, sfers, and providing assistance Additionally, interview with the taff should remain next to the		127				
	at Client #1's resid AM on June 27, 20 surveyor that Clier appointment and with emergency roothe corresponding discharge summathe client was diagonate with the events that led 27, 2008. Staff 1 beside Client #1 a attempted to stand to be seen for his stood and fell forw Staff 1 explained to	an onsite visit was conducted ence. At approximately 10:53 108, the QMRP notified the at #1 fell while on a medical was subsequently transferred to om for evaluation. Review of emergency department by on June 30, 2008 revealed mosed with a scalp contusion. If 1 on June 30, 2008, revealed to Client #1's incident on June revealed that while seated the doctor's office, he is name was called medical appointment. Client #1 and, hitting his face on the floor, that during the process of the noto Client #1 by his belt and						
FORM CMS-2	2567(02-99) Previous Version	ns Obsolété Event ID: 6UV01	1	Faci	llty ID: 09G074	If contin	uation sheet	Page 6 of 13

MEDICARE	HAND HUMAN SERVICES			FOF	ED: 07/23/2008 RM APPROVED
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			4012 LEE STREET, NE	CODE	3/30/2008
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ed From pa	ge 6	W 1		''	
revealed froom (clost nately 3 feet the control of the control of the control of the control of the facility o	staff 1 seated on the chair in sest to front door) at away from where Client #1 queried about his/her lient. Staff 1 revealed that ed to be seated beside the er revealed that his/her orn Client #1 at the time of the ong. On June 30, 2008 at as observed to be positioned Client #1 while the client was client approached the lity (to exit), Staff 1 was sher left arm extended and vaist.				
30, 2008 at ion, Client at 2 was observeyor preserve, while he air. Staff 2 he dining round to f the suff Client #1' an "Ambulated by the ated the following med by the ated the following should be gowith his not so the suff cont #1] to the suff cont #1] to the suff cont with the	is 3:21 PM. At the time of the #1 was being assisted by Staff PVed to leave Client #1 alone ent), seated on a chair in the east retrieved the client's left the living room, went com, through the kitchen and property and Client #1, as record on June 19, 2008 ation Protocol" dated May 2, we current PT and to be current facility. The protocol owing:	ŧ			
	MEDICARE ENCIES TION OR SUPPLIER SUMMARY STATION OR SUPPLIER SUMMARY STATION OR SUPPLIER SUMMARY STATION OR SUPPLIER OF TOM particular or	SUMMARY STATEMENT OF DEFICIENCIES H DEFICIENCY MUST BE PRECEDED BY FULL ILATORY OR LSC IDENTIFYING INFORMATION) ed From page 6 ervation of Staff 1 on June 30, 2008, at M, revealed Staff 1 seated on the chair in g room (closest to front door) nately 3 feet away from where Client #1 ted. When queried about his/her from the client, Staff 1 revealed that vas supposed to be seated beside the taff 1 further revealed that his/her distance from Client #1 at the time of the tion was wrong. On June 30, 2008 at M Staff 1 was observed to be positioned ght side of Client #1 while the client was ing. As the client approached the e of the facility (to exit), Staff 1 was d to have his/her left arm extended and Client #1's waist. all observation of Client #1 was conducted 30, 2008 at 3:21 PM. At the time of the ion, Client #1 was being assisted by Staff 2 was observed to leave Client #1 alone veyor present), seated on a chair in the orn, while he/she retrieved the client's air. Staff 2 left the living room, went the dining room, through the kitchen and that of the surveyor and Client #1, of Client #1's record on June 19, 2008 an "Ambulation Protocol" dated May 2, signed by the current PT and to be inted by the current FT and to be inted by the current facility. The protocol ited the following: ient #1] to transfer and ambulate. Guard ient #1] to transfer and ambulate.	MEDICARE & MEDICAID SERVICES ENCIES ENCIES TION OPGO74 CALCAL DENTIFICATION NUMBER: OPGO74 DESCRIPPLIER COMMARY STATEMENT OF DEFICIENCIES H DEFICIENCY MUST BE PRECEDED BY FULL LATORY OR LSC IDENTIFYING INFORMATION) ENCIPPLIER CALCATORY OR LSC IDENTIFYING INFORMATION) DEATH OF THE PRECEDED BY FULL LATORY OR LSC IDENTIFYING INFORMATION) TAG DEATH OF THE PRECEDED BY FULL LATORY OR LSC IDENTIFYING INFORMATION) TAG TOOM (closest to front door) Inately 3 feet away from where Client #1 Ited. When queried about his/her	MEDICARE & MEDICAID SERVICES ENGIES (X1) PROVIDERSUPPLIERCILIA IDENTIFICATION NUMBER: 096074 STREET ADDRESS, CITY, STATE, ZIP 4012 LEE STREET, NE WASHINGTON, DC 20019 PREVIDERSUMMARY STATEMENT OF DEFICIENCIES DRIFFICH ADDRESS, CITY, STATE, ZIP 4012 LEE STREET, NE WASHINGTON, DC 20019 PREVIDERSUMMARY STATEMENT OF DEFICIENCIES DRIFFICH ACT CROSS-REFERRICED TO T DEFICIENC PREVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS-REFERRICED TO T DEFICIENC W 127 PREVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS-REFERRICED TO T DEFICIENC W 127 W 127 PREVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS-REFERRICED TO T DEFICIENC W 127 W 127	MEDICARE 8. MEDICAID SERVICES ENGIES ENGIES O(1) PROVIDER/SUPPLIER/CLATION NUMBER 096074 OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4012 LEE STREET, NE WASHINGTON, DC 20019 MASHINGTON, DC

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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STATE	MENT OF DEFICIENCIES	E & MEDICAID SERVICES			PRIN	TED: 07/23/20
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NAME	OF PROVIDER OR SUPPLIER	09G074	B. WIN	NG		С
MTS				STREET ADDRESS, CITY, STATE, Z 4012 LEE STREET, NE	IP CODE	06/30/2008
(X4) PREF	ID SUMMARY STA	ATEMENT OF DEFICIENCIES		WASHINGTON, DC 20019	,	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	ID PREFU TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO	THE APPROPRIE	(XS) COMPLETION
·W 1:	I ba	ge 7			CY)	DATE
	arms. Avoid holding if he starts to lose he position your hody.	ng [Client #1] on his arm, nis balance, use your arms and against his body to assist with te. Avoid pulling on his upper	W 1:	27		
	provide evidence that the aforementioned training at Client #1's 2008. At that training prevention, providing	hat interview with the current record review failed to at any staff were inserviced on protocol prior to the PT securrent facility on June 23, g, staff were instructed on fall assistance during and documentation for Client				
	determination that the were knowledgeable supervision and furth certain that staff provered incidents of forms.	ied on June 30, 2008, at ne) of the State Agency's a facility failed to ensure staff regarding Client #1's needed ermore failed to make ided the required support to alling. This failure resulted in a serious and immediate ealth and safety.				
	The surveyor remained addressed the serious initiating a plan that programmer (7AM-3PM) one to one evening (3PM-11PM) from assisting Client # Nurse provide training were on duty (June 30 do to prevent falls." The schedule that incorporate	ed onsite until the facility and immediate jeopardy by cohibited the morning staff (Staff 1) and the one to one staff (Staff 2). The facility's Registered to the facility staff that 2008) on "What you can be QMRP further instituted a atect the use of one to one				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/23/2008 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER (X3) DATE SURVEY A BUILDING COMPLETED B. WING 09G074 NAME OF PROVIDER OR SUPPLIER 06/30/2008 STREET ADDRESS, CITY, STATE, ZIP CODE MIS 4012 LEE STREET, NE WASHINGTON, DC 20019 (X4) ID PREFIX SUMMARY STATEMEN'T OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX CROSS-REFERENCED TO THE APPROPRIATE COMPLETION DATE TAG DEFICIENCY W 127 Continued From page 8 supervision. Additionally, the plan documented W 127 that the Physical Therapist would provide further training to all staff on Client #1's ambulation protocol. A system of monitoring was also implemented to ensure staff were providing the supervision appropriately. Furthermore, the QMRP revealed that a meeting would be held with Client #1's interdisciplinary team regarding his status. At approximately 8:40 PM, systems were employed by the facility to alleviate the immediate concern. W 158 483.430 FACILITY STAFFING W 158 The facility must ensure that specific facility staffing requirements are met. W158 This CONDITION is not met as evidenced by: MTS has insured systemic corrections were put in place to Based on observations, staff interviews, and address staff training issues immediately and moving record review, the facility failed to ensure that forward ... 8-4-08. each client's active treatment program was See also the responses for W127. integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP) [See W159]; failed to ensure each employee was provided with initial and continued training that enabled them to perform their duties effectively, efficiently, and competently [See W189]; and failed to ensure employees were effectively trained to provide for each client's health and safety [See W127 and W192]. The effects of these systemic practices results in the facility's failure to provide adequate staffing and ensure his health and safety. [See also W1221 W 159 483.430(a) QUALIFIED MENTAL W 159 RETARDATION PROFESSIONAL Each client's active treatment program must be

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2006 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
· · · · · · · · · · · · · · · · · · ·		09G074	B. WING		06/30	; /2008
MTS	ROVIDER ÖR SUPPLIER		40	EET ADDRESS, CITY, STATE, ZIP CODE 142 LEE STREET, NE ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 159	Continued From pa integrated, coordin qualified mental re	age 9 ated and monitored by a tardation professional.	W 159			
	Based on interview failed to ensure that program was integ	is not met as evidenced by: y and record review, the facility at each client's active treatment rated, coordinated and Qualified Mental Retardation RP).		W159		
W 192	effectively trained to staffing supports. 483.430(e)(2) STA For employees wh	to ensure employees were to provide Client #1 with 1:1 (See W192) FF TRAINING PROGRAM o work with clients, training and competencies directed	W 192	See the attached documentation. Contrained 8-4-08. The QMRP will insure that any nesupport person is trained on all treaturageted person supported before bone with that person 8-20-08. W192 The staff members cited in W192 of the PT 8-4-08. In addition, the QMRP and RN with the person of the pe	w one-to-one state atment protocols beginning to work that the state of the state and the state of the state of the state and the state of the state of the state and the state of the state of the state of the state and the state of the	ff for the one-to-
-	This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure employees were effectively trained to provide for each client's health and safety, for one of one client (Client #1) being investigated.			implementation of the protocols to implementation (RN weekly, QMF 08.		8-4-
	onsite visit was co residence. At app 27, 2008, the QMI Client #1 fell while	W127) On June 27, 2008 an Inducted at Client #1's roximately 10:53 AM on June RP notified the surveyor that on a medical appointment and			,	
	room for evaluatio	transferred to the emergency n. Review of the corresponding				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/23/2008 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING C B. WING 09G074 NAME OF PROVIDER OR SUPPLIER

COMPLETED 06/30/2008 STREET ADDRESS, CITY, STATE, ZIP CODE 4012 LEE STREET, NE MTS WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W. 192 Continued From page 10 W 192 emergency department discharge summary on June 30, 2008 revealed the client was diagnosed with a scalp contusion. Interview was conducted on June 27, 2008, beginning at 10:39 AM, with the staff member (Staff 1) present on the medical appointment with Client #1 on June 30, 2003. Staff 1 revealed that while seated beside Client #1 at the doctor's office, he attempted to stand up after his name was called to be seen for his medical appointment. Client #1 stood and fell forward. hitting his face on the floor. Staff 1 explained that during the process of the fall, he/she held onto Client #1 by his belt and waist. B. Observation of Staff 1 on June 30, 2008, at 10:25 AM, revealed Staff 1 seated on the chair in the living room (closest to front door) approximately 3 feet away from where Client#1 was seated. When queried about his/her distance from the client, Staff 1 revealed that he/she was supposed to be seated beside the client. Staff 1 further revealed that his/her position/distance from Client #1 at the time of the observation was wrong. On June 30, 2008 at 11:32 AM Staff 1 was observed to be positioned on the right side of Client #1 while the client was ambulating. As the client approached the entrance of the facility (to exit), Staff 1 was observed to have his/her left arm extended and around Client #1's waist, Additional observation of Client #1 was conducted on June 30, 2008 at 3:21 PM. At the time of the observation, Client #1 was being assisted by Staff 2. Staff 2 was observed to leave Client #1 alone (only surveyor present), seated on a chair in the

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES			ı I		PRINTE	D: 07/23/200
STATEMEN	T OF DEFICIENCIES	& MEDICAID SERVICES			<u>_ i _</u>		FORI	M APPROVE D. 0938-039
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		(X3) DATE	SURVEY
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NAME OF	ROVIDER OR SUPPLIER		 _				06/	30/2008
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W 192		ge 11	W 19	2				
	living room, while he wheelchair. Staff 2 through the dining r	e/she retrieved the client's left the living room, went oom, through the kitchen and urveyor and Client #1.	VV (a.					
	May 2, 2008. This pacifity's PT, who a	ent #1's record on June 19, Ambulation Protocol" dated protocol was designed by the Iso provided training to the 08 and June 23, 2008. The d the following:						
	Your body should be interfering with his no Do not try and quare	Client #11 with outstrataked						
	If he starts to lose his position your body a	g [Client #1] on his arm. s balance, use your arms and gainst his body to assist with e. Avoid pulling on his upper		<u>.</u>		· .	-	
	Four inservice trainir Client #1 as detailed	ngs were held related to below:	,		• .	•		
	the former Qualified Professional). Reviseheet and correspond June 12, 2008, reveatingservice training. Two of Client #1's assemblers (Staff 1 and training.	ew of the inservice sign in ding agenda document dated aled four staff attended the nere was no evidence that signed one to one staff d Staff 3) were present at the with Client #1's current						
- 1	House Manager (HIV	l) on June 19, 2008 M revealed that during the			•		•	

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES				PRINTEL FORM): 07/23/2008 4 APPROVED
STATEMEN"	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	OMB NO (X3) DATE S COMPL). 0938-0391 Survey
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W 192	Pulling Pu	ge 12	W 1	192		<u>. </u>	
	Client #1 at all times that the facility was	ervice, the former QMRP emain in arm's distance of s. The HM further revealed providing 1:1 staffing supports arm's distance) 24 hours a		JE			
	Client #1's formal P program, technique assistance during at PT). Additionally, in	ervice training provided to four 1 and Staff 2, regarding hysical Therapy (PT) s for transfers, and providing mbulation (conducted by the terview with the PT revealed nain next to the client at all	-				
	providing assistance	ervice training regarding Client that on fall prevention, educing ambulation, safety (conducted by the PT).		-			
	June 24, 2008 - Inse behavioral concerns Psychologist).	ervice regarding Client #1's (conclucted by the					
	ensure staff proficie	rvey, the facility failed to ntly displayed their knowledge ad 1:1 staffing support.	was got a great	n v v	and the contract of the contra		
JRM CMS-25	67(02-99) Previous Versions (Obsolete Event ID:6UV011	···	Facilit	y ID: 09G074 If Co	ontinuation sheet	Page 13 of 13

If continuation sheet 1 of 10

•	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE		ER/CLIA MBER:	A. BUILDI		(X3) DATE S	SURVEY ETED	
	NAME OF C		HFD03-0232		B. WING			С
	NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY.	STATE, ZIP CODE	<u>06/3</u>	0/2008
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	1 000	INITIAL COMMENT	S		1 000		<u> </u>	
T		On June 18, 2008, a (DC00001569) was Services (MTS) to a regarding the freque involving Resident # were based on obserview of records, in reports. 3510.5(f) STAFF TREACH training progradimited to, the following for the following progradimited to the serve to, behavior manage recreation, total complete the facility fail were effectively trainiculent's health and sa (Resident #1) being includes: A. (Cross refer to Ferent following for the sum of	initiated at Multi The scertain information ency of serious incided. The investigation ervations, interviews, cluding unusual incided at the GHMRF and including, but not ment, sexuality, nutriculations, and as the as evidenced by: n, interview and recorded to ensure employed to ensure employed to provide for each fety, for one of one reversity and the corresponding at the correspondint discharge summer and was tred to the emergence of the correspondint discharge summer and discharge sum	and a dent not be and the limited ition, sistive residents out the visit At 8, the fell cy room ng	1229	Client #1's one-to-one staff was trai while supporting client #1 at 32 Straconducted by the QMRP. They were by the PT in two sessions held at Leinsure that any new staff is trained of protocols prior to working with clie staff receives orientations on each in management care plan and all treatment first week of service 8-20-08. The PT will monitor client #1 and this treatment protocols at minimum frequently if needed 8-30-08. The QMRP will monitor implement protocols and active treatment generoweekly 8-20-08. PT will provide training for any new their hire and the RN will provide to tweek of hire to insure that new staff implementing the treatment protocols all staff will receive refresher training annually but more frequently if nece observed performances. The QMRP training observations using standard All staff involved in observations management that will cause his gross management for the surveyor has been re-trained by 4-08. It should be noted that client #1 has condition that will cause his gross management for the concerns but will also cooperate with term placement that will best serve is situation 8-4-08.	set. This training a subsequently see Street. MTS on all treatmen int #1 and that addividual health ment protocols are implemental quarterly and action of the treatly at minimum a staff within 3 aining within a serious degree will documen in MTS forms entioned in Withe PT and QN a serious degree to the missing sit in diligent con the missing at minimum in the protocol of the p	ng was y trained will t all new th within tion of more eatment um twice 60 days of the first n n tt staff .8-20-08. 127 by ARP8- enerative to ly and and
(x) ₹x)	BORATORY I	DIRECTOR'S OF PROVIDE	VSUPPLIER REPRESENTA	TIVE'S SIGNA	TURE PLA	idistin Serie		(8) DATE

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AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	(X2) MULT A. BUILDIN	IFLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		_HFD03-0232		B. WING			
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. 1 229	Continued From pa	ge 1		1 229		·	
	with a scalp contus	ion.		-			· -
	Staff 1) present on Client #1 on June 3 while seated beside	ucted on June 27, 20 AM, with the staff me the medical appoint 0, 2003. Staff 1 reve c Client #1 at the doc	ember ment with ealed that				
	office, he attempted was called to be seappointment. Clien	i to stand up after his	name ward				
٠.	Client #1 by his belt	of the fall, he/she held and waist.	d onto				
. •	the living room (close approximately 3 fee was seated. When	t away from where C queried about his/he	e chair in	,			<i>p</i> (
. •	he/she was suppose client. Staff 1 further position/distance from the observation was writed.	ient, Staff 1 revealed ed to be seated besider or revealed that his/hom Client #1 at the tile ong. On June 30, 20	I that de the er me of the				
·	ambulating. As the entrance of the facilities	as observed to be po Client #1 while the client approached th ity (to exit), Staff 1 w s/her left arm extend vaist.	ient was ie	٠		•	
	time of the observations assisted by Staff 2. leave Client #1 alon seated on a chair in retrieved the client's living room, went the	on of Client #1 was 30, 2008 at 3:21 PM ion, Client #1 was be Staff 2 was observe e (only surveyor prest the living room, while wheelchair. Staff 2 rough the dining room and out of sight of the	eing d to sent), e he/she left the				

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AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0232 NAME OF PROVIDER OR SUPPLIER STREET		R/CLIA MBER:	(X2) MUL A. BUILD B. WING		(X3) DATE SURVEY COMPLETED C	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY	, STATE, ZIP CODE	06/30/2008	
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1 229	Continued From pa	ge 2		1 229	DEFICIENCY)		
ļ. L	surveyor and Client		·	1 229			•
	May 2, 2008. This particularly serious	UK and lung 22 200	dated d by the				
	Allow [Client #1] to thim on either side. Your body should be interfering with his man Do not try and guard arms. Avoid holding if he starts to lose his and position your bowith regaining his baupper extremities.	e close to his body winovements. [Client #1] with outs [Client #1] on his all is balance, use your	ithout stretched rm. arms				
· .	Four inservice training Client #1 as detailed	ngs were held related below:	i to	•			
	June 12, 2008 - Insegeneral information aby the former Qualifice Professional). Reviewsheet and correspondated June 12, 2008 the inservice training that two of Client #1's members (Staff 1 antraining. Interview Whouse Manager (HM beginning at 10:35 Alaforementioned inserviced staff to renclient #1 at all times, that the facility was put to the staff of the staff to renclient #1 at all times, that the facility was put to the staff to renclient #1 at all times.	about Client #1 (conced Mental Retardation when tal Retardation when the inservice significant with the inservice significant with the context of the talk of talk of the talk of the talk of talk	ducted on grain in ent entended ence e staff ent at the int ence e of				

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1229	Continued From page	ge 3			DEFICIENCY)	NOFRIATE	DATE
	for Client #1 (within aday, 7 days a week.	arm's distance) 24 ho	į.	l 229			
	June 19, 2008 - Inse staff, including Staff Client #1's formal Ph program, techniques	ysical Therapy (PT)	ling	· .			
	program, techniques assistance during am PT). Additionally, into that staff should remaines.	paradon (conducted	by the				
F	June 23, 2008 - Inser Client #1 provided to providing assistance and documentation (c	stair that on fall previous fall that on fall previous fal	ention, afety				
b p	une 24, 2008 - Insen ehavioral concerns (d sychologist).	vice regarding Client conducted by the	#1's				
A e of	t the time of the survensure staff proficiently for the contract of the contra	ey, the facility failed t y displayed their kno 1:1 staffing support.	to Wledge	-			
271 35	513.1(b) ADMINISTR	ATIVE RECORDS	1:	271			
ag ag	ech GHMRP shall ma gency ' s inspection, a Iministrative records:	aintain for each autho at any time, the follow	orized Ving		3513.1(b)	.	
(b) de off) Personnel records fiscriptions either at the second made available.	or all staff including j e GHMRP or in a ce ble upon request;	ob ntral		Criminal background checks for all sta 08. At present all staff hired is checked using registry 8-4-08. MTS has gone back to do the national individuals who did not have it is at	ng the national	I
G⊦	is Statute is not met sed on interview and IMRP failed to provid rsonnel record.	as evidenced by: record review, the e evidence of all Sta	ff 2's		individuals who did not have it in the pathere are June 2008 checks for some in done via the jurisdictional check previous	ast. That is wh	y were

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	A. BUILDI		(X3) DATE SURVEY COMPLETED				
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	PROVIDER OR SUPPLIER		STREET AD	ADDRESS, CITY, STATE, ZIP CODE 06/30/2008						
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l 271	Continued From pa	ge 4		1271			_			
•	The finding includes									
	Retardation Profess June 19, 2008 responses on the personnel records of 19, 2008, revealed to the personnel records of th	lent #1's former Hour former Qualified Mer sional (on June 18, 20 ectively) and review on June 18, 2008 and that the facility failed	ntal 008 and of June							
	provide evidence that a criminal background check was conducted on Staff 2 prior to his/her employment. It should be further noted that on June 27, 2008, while conduct an on-site visit, a second request was made to the former HM for Staff 2's personnel file. At the time of the investigation, the facility failed to provide evidence of Staff 2's personnel file to include his/her criminal background check.									
1 500	3523.1 RESIDENTS	S RIGHTS		1 500						
	Each GHMRP reside that the rights of resprotected in accorda chapter, and other a laws.	idents are observed ince with D.C. I aw 2	and		3523,1					
	This Statute is not no Based on observation review, the GHMRP resident's rights were accordance with D.C and other applicable	on, interview and reconfailed to ensure each each each each each each each eac	ord n ected in		All staff has been trained on the PT prot See the attached training documentation responses for W1278-4-08. The corrections observed by the surveyor the report that were implemented by the continue to be implemented on a routine will be monitored by the Executive Direct to insure this 8-20-08.	r and mentioned in QMRP will				
	The findings include: A. The GHMRP faile rights as documente Chapter 19, § 6-197 mistreatment, pogles	ed to ensure each red d in D.C. Law 2-137 O detailing the probit	' 1							
ealth Regula TATE FORM	mistreatment, neglection Administration	or or abuse.	<u> </u>	eo 6	UV011	If continuation short 6 of 6				

AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0232		R/CLIA MBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE COMPI	SURVEY LETED
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	TOOK DUE TO B DIST	uitted to the facility on ory of falls which resu o emergency room vis	ltad in				
	AM that revealed to (Staff 1, Staff 2, and former facility to his transition and proving the state of the sta	ducted with the facility IM) on June 19, 2008 hree staff were transfet Staff 3) from the clips current facility to asside continuity in his casterred were to provid the Client #1.	at 10:35 erred ent's sist in his				
	2006, revealed that into the facility, the inservice meeting vorientate them with needs. Review of the corresponding age 2008, revealed four training. There was client #1's assigne-	ion with the HM on Ju t prior to Client #1's to former QMRP held a with the facility's staff i Client #1's habilitatio the inservice sign in s anda document dated . I staff attended the ins s no evidence that two d one to one staff med) were present at the	ansition n to n/service heet and June 12, service				
. [evegied (191 21911 /	ie inservice agenda di vere made aware of ti n regarding Client #1:	أحدا				
	· "Vears glasses/re · "1 on 1 should be assisting." · "Has BSP to reduc	n to reduce aggression efuses to wear them." with him arm to arm ce Aggression." njuries due to falling."					
	Continued interview 2008, revealed that ion Administration	with the HM on June during the aforement	19, ioned		•		

MATA LIVA	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	R/CLIA MBER;	(X2) MUL A. BUILD B. WING		(X3) DATE S	SURVEY ETED
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY	, STATE, ZIP CODE	06/3	30/2008
MTS			4012 LEE WASHING	STREET	NF .		
(X4) ID PREFIX TAG	REGULATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	··· · · ·	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	III be me	(X5) COMPLETE DATE
I 500	inservice, the forme	r OMRP instructed at	toff in	1 500		- :	
	The HM further reversions 1:1 staffing	ance of Client #1 at a ealed that the facility of g supports for Client: ce) 24 hours a day, 7	ill times. Vas				-
	(QMRP) on June 19 PM to ascertain if st	icted with the facility tardation Professiona , 2008 at approximat aff had received any	ely 4:00			•	C
:	indicated that no oth conducted and furth training with the faciliand Psychologist we	ICO SCINECINICA LA NA S.	d and al ist (PT)	.*			
. ,	since the client's adr June 12, 2008, the fi evidence of any other #1's habilitation need	ne time of the intervient intervient in the facility failed to provide training related to Cols and services officers and services officers.	ew and y on Blient			-	
	the aforementioned of former QMRP. It sh QMRP's discussion of 2008, the facility's Property facility. The PT provers of the facility's staff, in	ould be noted that af with the surveyor on . was observed to be ided onsite instruction	ter the June 19, in the				
	regarding Client #1's techniques for transfiduring ambulation. A PT revealed that staf client at all times.	Tormal PT program, ers, and providing as: additionally interview	sistance			-	
	On June 27, 2008 an at Client #1's residen AM on June 27, 2008 surveyor that Client # appointment and was the emergency room	Ce. At approximately i, the QMRP notified I fell while on a med subsequently transf	10:53 the ical				
alth Regula ATE FORM	tion Administration		C899	61	UV011		

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AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	(X2) MUL A. BŲILD	TIPLE CONSTRUCTION	(X3) DATE S	
	<u></u>	HFD03-0232	-	B. WING			C
NAME OF F	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET ADD	DRESS CITY	, STATE, ZIP CODE	06/3	30/2008
MTS			4012 LEE WASHING	STREET.	NF		-
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIE	s	ID	DOMESTIC TO THE PARTY OF THE PA		-,
TAG	- REGULATORY OR L	MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL ATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	11 11 D EE	(X5) COMPLETE DATE
1 500	Continued From pa	ge 7		1 500		 	
	uischarge summan	emergency departme on June 30, 2008 re losed with a scalp co	evented				
	27, 2008. Staff 1 re	redical appointment rd, hitting his face or ned that during the p	t on June ated as called Client #1 the				
ļ	C. Observation of S 10:25 AM, revealed the living room (clos approximately 3 fee was seated. When distance from the cli he/she was suppose client. Staff 1 furthe position/distance fro observation was wro 11:32 AM Staff 1 was on the right side of Cambulating. As the entrance of the facili observed to have his around Client #1's was Additional observation conducted on June 3 time of the observation assisted by Staff 2. leave Client #1 alone seated on a chair in retrieved the conducted the client was assisted by Staff 2.	Staff 1 seated on the sest to front door) to away from where Couried about his/he lent, Staff 1 revealed to be seated besided to be seated besider revealed that his/he m Client #1 at the tirping. On June 30, 20 is observed to be possible to the client approached the client approached the ty (to exit), Staff 1 was shere left arm extending aist. On of Client #1 was be Staff 2 was observed to control of the client #1 was be staff 2 was observed to control of the client #1 was be staff 2 was observed to control of the client #1 was be staff 2 was observed to control of the client #1 was be staff 2 was observed to control of the client #1 was be staff 2 was observed the control of the client #1 was be staff 2 was observed the control of the client #1 was be staff 2 was observed the control of the client #1 was be staff 2 was observed the control of the client #1 was be staff 2 was observed the control of the client #1 was be staff 2 was observed the client #1 was be staff 2 was observed the client #1 was be staff 2 was observed the client #1 was be staff 2 was observed the client #1 was be staff 2 was observed the client #1 was be staff 2 was observed the client #1 was be staff 2 was observed the client #1 was be staff 2 was observed the client #1 was the	e chair in lient #1 that the the er ne of the 08 at sitioned ent was e as ed and At the ing d to				
	living room, went thrution	Wheelchair Staff 2 I	loff tha	·			

AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ER/CLIA MBER;	A. BUILDI		(X3) DATE COMPI	ETED			
NAME OF E	PROVIDER OR SUPPLIER	HFD03-0232		B. WING		P .	C			
MTS			4012 LEE WASHING	DDRESS, CITY, STATE, ZIP CODE E STREET, NE GTON, DC 20019						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)		(X5) COMPLETE DATE			
1 500	Continued From pa	age 8		1 500	- C. IOLENCT)					
		and out of sight of th	ne	1000						
	2008 designed by t	's record on June 19 lation Protocol' dated he current PT and to e current facility. The llowing:	May 2,							
	Your body should be interfering with his redo not try and guar arms. Avoid holding the starts to lose he and position your be	transfer and ambulate close to his body we movements. If [Client #1] with outsing [Client #1] on his a lance, use your ody against his body alance, Avoid pulling	ithout stretched irm. arms							
	provide evidence the on the aforemention training at Client #1' 2008. At that training prevention, providing	that interview with the record review failed at any staff were inserted protocol prior to the current facility on Jug, staff were instructing assistance during and documentation for	to erviced he PT une 23, ed on fall							
	4.26 PM (Via telepho determination that the were knowledgeable needed supervision make certain that sta support to prevent in resulted in neglect w	ified on June 30, 200 one) of the State Age ne facility failed to ense regarding Client #1' and furthermore faile aff provided the requincidents of falling. The phich posed a serious Client #1's health and	ncy's sure staff s ed to ired is failure							

STATEMENT*OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU. IHFD03-0232	er/Clia . MBER:	(X2) MUL A. BUILD B. WING		(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER		STREET ADD	RESS CITY	, STATE, ZIP CODE	06/	30/2008
MTS		4012 LEE S WASHINGT	TREET	NE		
TAG REGULATORY OR LS	EMENT OF DEFICIENCIE: MUST BE PRECEDED BY C IDENTIFYING INFORMA	S	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES		(X5) COMPLETE DATE
1500 Continued From pag	je 9 .		1 500	DEFICIENCY)	 	-
The surveyor remain addressed the serious by initiating a plan the (7AM-3PM) one to one evening (3PM-11PM) from assisting Client Nurse provide training were on duty (June 3 do to prevent falls." The aschedule that incorpone staff that were tracklient #1 with the requiremental supervision. Addition that the Physical The training to all staff on protocol. A system of implemented to ensure supervision appropriately QMRP revealed that a with Client #1's interdifful his status. At approximate were employed by the immediate concern.	and immediate jet at prohibited the more staff (Staff 1) and it one to one staff (S#1. The facility's Reg to the facility staff 0, 2008) on "What y he QMRP further in porated the use of o ained to effectively puired staffing supportably, the plan documnapist would provide Client #1's ambulatif monitoring was also staff were providing tely. Furthermore, the meeting would be insciplinary team regarded.	opardy rning the taff 2) egistered that rou can stituted one to provide rt and nented further on o ng the held arding				
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	·		·		,	·
:	•					
alth Regulation Administration ATE FORM		989	61 i	V011		

If continuation sheet 1 of 3

	AND PLA	IENT OF DEFICIENCIES W OF CORRECTION	(X1) PROVIDER/SUPPLII	ER/CLIA	(X2) MU	LTIPLE CONSTRUCTION	 -	APPROVE
١L			1		A BUILI	DING :	(X3) DATE (COMPL	SURVEY .ETED
	NAME O	F PROVIDER OR SUPPLIER	HFD03-0232		B. WING			С
Ш	MTS			STREET A	DDRESS, CIT	Y, STATE, ZIP CODE	06/3	30/2008
				I 4012 LE	E STREET, IGTON, DC	NE '	•	
	(X4) ID PREFIX		TEMENT OF DEFICIENCIE		T	20019		
-	TAG		MUST BE PRECEDED BY SC IDENTIFYING INFORMA		PREFIX	PROVIDER'S PLAN OF C	ORRECTION	
-			IS EXTENT TING INFORMA	ATION)	TAG	CROSS-REFERENCED TO TH	DN SHOULD BE	(X5)
1.	R 00	00 INITIAL COMMENT	S	:	 	DEFICIENCY)	DATE .
Ì		1			R 000			
1.		On June 18, 2008, a	an investigation		-		•	
		1 (POVOO 1009) Was	imitintal at the second	rapeutic				
		regarding the freque	scertain information		•			
	-							
					Ì			
1		review of records, in reports.	cluding unusual incid	dent			·	· .
:	2	reports,			j			, ,
	R 122	4701 2 BACKGROU	ND OUTS		•			
		4701.2 BACKGROU			R 122			
.		Except as provided in	n section 4701 e 👵	.				
١.		Trend Shell Cotain 3	CPIDA115 L					*
	٠	and shall either obtain	n or conduct a chec	of the				-
						R122 and R125	ł	
		before employing or of an unlicensed pers	using the contract se	rvices				
	. :	1		1		Criminal background checks for ear attached. MTS maintains crimin in the home off	- T	
		This Statute is not m	et as evidenced by:	1	-	are attached. MTS maintains crimin in the home office but will produce 24 hours of the internal produce	al backgroup	æе
	.]	GHMRP failed to ans	nd the review of reco			in the home office but will produce 24 hours of the initiation of a survey As mentioned, MTS conducts the na for all new sets.	them for review with	ζS ,
					· .	As mentioned, MTS conducts the national restriction and is related to the national restriction.	hereafter 8-4-08.	7111
Ï		2	vices of an unlicense	ng or		for all new staff at this point and is raise the national registry 8-30-08.	e-checking ald	h
	.	person.				1egistry 8-30-08.	order star	^{Ef}
Ì		The finding includes:		1		·		
				.]	, }			
-		A. Interview with Clien	nt #1's former House		ŀ			
	4 -4	TOTAL PART OF THE PROPERTY.	mar Oualisaan .					[
ľ		TOWN REPORT FIDIRESSION	NGI (AR Just JA AAA			•		Ī
H	.	personnel records on	uvely) and review of					
					-			.
.								
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		request was made to t	he former UM.	ond				}
								. 1
_		A seems remed to bto.	vide evidence of Sta	ff 2's	.		_	ĺ
all	Regulat	tion Administration					1	1
A.	ATC.	stut fillian	Se Williams	ins) +0				
\mathcal{X}	E FORM	DIRECTOR'S OR PROVIDERS	SUPPLIER REPRESENTAT	U/2/ MY IVE'S SIGNAT	Best	Listial Geraca	(X8)	DATE
	-FUKM	······································		(#500		VOIT	~! 8/4	108

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If continuation sheet 2 of 3

ANDP	LAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA IMBER:	(X2) MUL A. BUILD B. WING		(X3) DATE	SURVEY PLETED	_
NAME	OF PROVIDER OR SUPPLIER		STREET ADD	1		06	/30/2008	
MT			4012 LEE WASHING	STREET	, STATE, ZIP CODE NE 20019		,	-
(X4) PREI TAC	FIX (EACH DEFICIENCY G REGULATORY OR L	TEMENT OF DEFICIENCIE 'MUST BE PRECEDED BY SC IDENTIFYING INFORMA	s	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)		(X5) COMPLETE DATE	
R1	Continued From pa			R 122	101)		<u> </u>	_
	background check,	lude his/her criminal						
	2008, revealed a cridisclosed a 7 year of jurisdictions within w	rnich Staff 3 worked file. The former HM tain if all the necessa cted. On June 23, 20 I check was provided noted however, that	and 18, and was ary 108, the if for the	· .				
R 1	25 4701.5 BACKGROU	ND CHECK REQUIF	REMENT	R 125		-		
	The criminal backgro criminal history of the contract worker for it in all jurisdictions with employee or contract resided within the se- check.	prospective employ to previous seven (7) in which the prospective worker has well as	ree or) years, ctive	:			·	
AND THE PROPERTY OF THE PROPER	This Statute is not make a GHMRP failed to ensign checks disclosed the prospective employed previous seven (7) years prior to the composition of the finding includes: 1. (Cross Refer to 47 #1's former House Medical Composition of the composition of the composition of the finding includes:	nd record review, the ure criminal backgro criminal history of are or contract worker that, in all jurisdiction employee or contract resided within the scheck.	und ny for the s within ct even					
alth Reg ATE FO	ulation Administration	anager (HM) and form	Ulient ner					
			2988	6 U	V011		·	

AND PLAN	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0232		(X2) MUL A BUILD B. WING		(X3) DATE S COMPL	SURVEY ETED					
NAME OF	PROVIDER OR SUPPLIER	1 111003-0232	07055	_		i .	0/2008				
мтѕ	·		4012 LE WASHIN	E STREET	DRESS, CITY, STATE, ZIP CODE STREET, NE STON, DC 20019						
(X4) ID PREFIX TAG	(CACO DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	CHOIDANA	(X5) COMPLETE DATE				
R 125	Continued From pa	age 2		R 125	DEFICIENCY)						
	Qualified Mental R June 18, 2008 and and review of pers 2008 and June 19, failed to provide ev background check	etardation Profession June 19, 2008 respe- onnel records on June 2008, revealed that to ridence that a criminal was conducted and of pation for Staff 2 prior	ectively) e 18, the facility								
	Retardation Profes June 19, 2008 resp personnel records 19, 2008 revealed background check should be noted ho information provide disclosed informatio or work history for t years) prior to the s time of the investiga with the aforemention determined.	Client #1's former Hou former Qualified Mer sional (on June 18, 2) pectively) and review on June 18, 2008 and Staff 1 had a criminal for the District of Columber of the Staff 1's record to regarding his/her nhe specified timefram taff's employment. A stion, the facility's cononed regulation could	ntal 008 and of I June umbia. It is no hat esidence ne (7 t the npliance								
	Uni-Site VISIT, a secon	2008, while conductir nd request was made 1's missing informati file.	4-4				•				